

Intent to Apply for Medicaid and/or K-TAP (Cash Assistance)

We want to be able to help you as soon as possible, so please answer the following questions.

Do you have a physical or mental limitation which requires you to have special accommodations during your application interview, such as needing a sign language interpreter? [] Yes [] No

If yes, what do you need? _____

We can get a **free** interpreter for your interview if you have trouble speaking English.

Do you need an interpreter during your interview? [] Yes [] No

If yes, what language? _____

Important information for all applicants

- Anyone who wants to receive Medicaid or K-TAP (cash assistance) benefits must give us their social security number (SSN) and tell us about their citizenship or immigration status. If you do not have an SSN, we can help you get one if you are eligible for one. This will not delay your application. Applying for an SSN is voluntary.
- SSNs will not be used to report anyone to the United States Citizenship and Immigration Services (USCIS).
- You do not have to tell us about the SSN, citizenship, or immigration status of yourself or anyone else in your home who does not want to receive benefits. Other members of your household can still get benefits if they qualify.
- SSNs are used to verify your family's income and to do computer matches with other agencies such as the Kentucky Department of Workforce Investment, the Internal Revenue Service, and other matching sources.
- Anyone applying only for emergency Medicaid does not have to give us their SSN or tell us about their citizenship or immigration status.
- Receiving Medicaid or Kentucky Children's Health Insurance Program (KCHIP) will not affect your or your family's ability to change immigration status. An exception to this is the use of long-term institutional care, such as a nursing home.
- Receiving K-TAP or Supplemental Security Insurance (SSI) could cause problems for immigrants wanting to change their immigration status, especially if the benefits are your family's only income. If this applies to you, talk to an agency that helps immigrants with legal problems before you apply.
- Refugees and persons granted asylum may receive any benefit, including K-TAP, without hurting their chances of changing their immigration status or becoming a U.S. citizen.

Part I - Right to Apply

If you live in Kentucky and want to apply for Medicaid and/or K-TAP (cash assistance), follow these steps:

- Complete this form and submit it to the local Department for Community Based Services.
- Once this form is received, an interview will be scheduled to complete the application process.
- Benefits are provided from the date you give us this form. The sooner you turn in this form, and any required verification, the quicker you will know whether you will receive K-TAP and/or Medicaid.

Application for:

- ☐ K-TAP (cash assistance)
☐ Medicaid (medical assistance)
☐ KCHIP (medical assistance)

Your Name: _____
(Last) (First) (Middle Initial)

(Street Address) (City) (State) (Zip Code)

County _____

Telephone Number _____ ☐ Yours ☐ Nearby

If your mailing address is different from your street address, write it below:

(Mailing Address) (City) (State) (Zip Code)

Does anyone in your household own a vehicle? ☐ Yes ☐ No

Part II - Representative

If you would like someone to be interviewed in your absence, we need you to tell us the following information about that person, and we will send you a form you can complete to authorize that individual to apply for you.

Name: _____

(Mailing Address) (City) (State) (Zip Code)

Part III - Household Member Information

Applicant Section

List all of the people who live in your home including anyone for whom you want to receive benefits. They are considered **applicants**. Anyone for whom you do not want to receive benefits is considered a **non-applicant**. List their names in the **Non-Applicant section**.

First Name / M.I. / Last Name	Social Security #	Relation to you	Birth Date	Sex M or F
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Non-Applicant Section

List any other people who live with you in this section. You do not have to provide all of this information, but the more information we have on the people who live in your home, the quicker we can process your application.

First Name / M.I. / Last Name	Social Security #	Relation to you	Birth Date	Sex M or F

Part IV - Rights, Responsibilities, and Signature

The information I give on this form is complete and true to the best of my knowledge. I understand:

- If I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.
- Filling out this form is just the first step in the application process.
- I shall complete an interview and provide any needed information or proof of eligibility before an application can be processed.
- The information I have provided on this form is subject to verification by federal, state, and local officials to determine if the information is true.
- None of the information provided about non-applicants will be shared with the United States Citizenship and Immigration Services (USCIS).
- My caseworker shall schedule an appointment for me to complete the application process.
- If I am unable to keep this appointment, I shall contact my caseworker to make other arrangements.
- I, or someone I choose to represent me, may request a fair hearing if I disagree with any action taken on my case or feel like I have been treated unfairly. The hearing can be requested by calling or going to the local DCBS office, or by writing a request for a hearing and sending it to the local DCBS office. At the hearing, I can be represented by anyone I choose.

Attention applicants:

In accordance with Federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, contact HHS. Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). HHS is an equal opportunity provider and employer.

You may also file a complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 East Main Street, 5C-D, Frankfort, Kentucky 40621 or call (502) 564-7770.

If you have other complaints about your case, you can call the Ombudsman's Office at 1-800-372-2973. TTY is available at 1-800-627-4702.

Sign here _____ Today's Date _____